No. 1

20

N. B.

PLACE OF DEATH County Willage or City & alisbury med (No. Pen. 4) 2FULL NAME Bobert anderson	Registration Dist. No. 333 Mard) CLIAN Cty Mard CERTIFICATE OF DEATH Registration Dist. No. 333 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black SINGLE, MARRIED, Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to
7 AGE If LESS than I day hrs. or min. B OCCUPATION	and that death occurred on the date stated above, at 10 Tm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) Vis. 2 mos ds. Contributory Secondary (Duration) Vis. 2 mos ds.
11 BIRTHPLACE OF FATHER (State or country) Williams 12 MAIDEN NAME OF MOTHER Unknown	(Signed)
13 BIRTHPLACE OF MOTHER (State or Country) Unknown.	At place of deathyrsmos. 2 ds. Stateyrsmos. 2 ds. Where was disease contracted,
(Informant) Peninsula Gen, Hospital. (Address) Salislary md Filed ang 1019231 C. May Tunner Registral	Former or usual residence Washer To Date of Burial 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKED ADDRESS Jaliebury, h
If more b.anks are needed, addre.s tate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (redefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The material As examples: (a) 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Measles; disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

V. S. No. 1

occuration

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(35!2
County Wicomico	Registration Dist. No. 333
Village or City Salisbury R. F. D. # 1	No. St., 9 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Elisabeth Questin	~
(a) Residence: No. near Salulung Md	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug. 28 ,193 / (Year)
5a. If married, widowed, or divorced HUSBAND of -Samuel Outin (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1878	l last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs. or	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Those Valentes Hand Dines When
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chrise nybulis Who
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) East New Market (State or country) Mary land	Other Contributory Causes of importance:
14. BtrTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? As
15. MAIDEN NAME Emily Johns 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19, Where did injury occur?
17. INFORMANT Sannel Austin (Address) Salabin md. R. F. D #/	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Mouston empate Oury. 30, 1931	Nature of injury
19, UNDERTAKER James 7. Stewart (Addiess) 402 E. Church St. Salisbren Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Lug 29, 1931. & May Junes. Registrar.	(Signed) Man M. D. (Address) Dawley 3rd
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I EIVEL	33	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
181	4		
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." State cause for which surgical operation was under-(secondary or intercurrent) affection need approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory not be

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TION is very important.

STATE OF MARYLAND—	CEDTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATTI 09815
46.	23)
County Micomico	Registration Dist. No.
Village or City Salisbury, Md.	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred 2 O.yrs	ds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME Tistor S. Bri	ttingham
(a) Residence: No. 102 Phird Street	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Lugust 17 19331
Sa. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
0 1 1 1000	June 1931, to Clery 17, 1926
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 120/Jug
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, p ession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Feluman peleminon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	A
this occupation (month and spant in this occupation ————————————————————————————————————	<u></u>
44'01 1.5-1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Consented Heat 1. augus
13. NAME Frank D. Brittingham	The second second
14, BIRTHPLACE (city or town). Horcester ()	Name of operation
(State or country) maryland	What test confirmed diagnosis?
15. MAIDEN NAME Ila M. Hockerman	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Towick and	Accident, suicida, or homicida? Data of injury, 19
(State or country) Cecial	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT I sand I Brittingham (Address) Jalisbury And	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUDIAL CREMATION, OR REMOVAL	Manner of injury
Place Farson's Oate Chicy 19, 1931	Nature of injury
19, UNDERTAKER The Hill of Johnson Co.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salisbury M.d.	If so, spacify
20. FILEO Aug 19,1931. H. May Junes	(Signed) Dland M. D.
Registrar.	(Address) Declishing Hill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
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Arteriosclerosis	SEP 7 1141	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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V.S.No.1

N. B.—WRITE PLAINL, WITH UNFADING INK—THIS IS A PERMANEN' RECORD. Every item of infor-

A-	SIAIE	OF MARYLAND—	CERTIFICATE	OF DEATH	00017
state UPA-	1. PLACE OF DEATH		(119)		1001
ould	County ///Come Ca		- Sugar	Registration Dist. No.	33
should f OCC	Village or City Salistu	N	No. 500 Be	auchamps St.	13 Ward
9		/	death occurred in a horpital or institu		and number)
ent ent	Length of residence In city or town where	death occurredyrsmos	How long in U.S. if o	of foreign birth?yrs	mosds.
YSICIANS	2. FULL NAME Hullian	wegne 12	uke		
PHYSICIANS 1ct statement	(a) Residence: No. 500 /3e	(Usual place abode)	St., /3 Ward.	If nonresident give city or town	6
t H	PERSONAL AND STATIST		MEDICAL C	ERTIFICATE OF DEAT	
Exact	3.5EX 4. EOLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH		
×, "	Male While	OR DIVORCED (write the word)		ang 25	, 193
T L ed.	5a. If married, widowed, or divorcad	i arrighe		(Month) (Day)	(Year)
X A C T I	HUSBAND of (or) WIFE of		22. / IHEREBY	CERTIFY, That I atter	ded deceased from
X A class	0	1 . 1620	Jun 26	19.31, to 1mg 2	5 19.3/
	6. DATE OF BIRTH (month, day, and year)	rely 10. 1200	l last saw h alive on	13 24 ,19	; death is said
ed per fics	7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date state	of Cove, at Co. Zoom.	
stated E properly certificate		/5 ormin.	were as follows:	In and related causes of importance	Oate of onset
be lof c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Morre	2/1	9 1. 1.	110
			JUN V	mins.	4 /262
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	*****			
0	10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this			
T	year)	ocaupation	Other Contributory Causes of impo	ortance.	
so 1 ctio	12. BIRTHPLACE (city or town)	Uginia			
_ = -	(State or country)	101	maran	mu.	6 rech
	H 13. NAME David	Bucke			
in t	4 14. BIRTHPLACE (city or town)	laryland	Name of operation	Date	of
lly olai	C (State of Country)	10 10	What test confirmed diagnosis?	Was there	an aulopsy?
be careful EATH in p important.	H 15. MAIDEN NAME / Lanca	a Campbell	23. If death was due to external cau	uses (VIOLENCE) fill in also the follo	wing:
carefully FH in pla ortant.	16. BIRTHPLACE (city or town)	rginis	Accident, suicide, or homicide?	Date of injury	, 19
5 0.	(State or country)	1 2	Where did injury occur?	(Specify city or town, county and	State)
DE	17. INFORMANT Care	when I had	Specify whether injury occurred le	n INDUSTRY, In HOME, or in PUBLIC	PLACE.
should be OF DEA	18. BURIAL, CREMATION, OR REMOVAL	pr. During That			
_ <u>P</u> .=	Place Parsona Cem	Datang 26 1931	Manner of Injury		
mation CAUSE TION i	101	AMULT	Nature of injury		2 /
CA	19. UNDERTAKER (Address) Paleiling (A	m. Johnson Ja	•	ay related to occupation of deceased	1 /22
_	(Audiess) authority h	100	If so, specify	to mat.	
(T)	20. FILED My 20, 193/1.	May Junes	(Signed)	D	/
	If more	blanks are needed address State Registrar		The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
autotorico .	Muy 1,1020	(Table Orientation	1 gear

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be TION is very important. B.—WRITE PLAINLY V. S. No. 1 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19818
1. PLACE OF DEATH	(3)
County Wicomer	Registration Dist. No. 333
Village or City Fruttan &	No. R.D. St. 16 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
I n I n 11	yis. now long in 0.5.11 of foreign bittiryisyis
12:12.10	
(a) Residence: Nov fulland (Usual place of abode)	St., / 6 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (Gerite) (18 Word) Male Marie Mari	21. DATE OF DEATH aug. 23 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of Bessin Elyphill Buttler (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
0 6 1870	Alux 20 , 1950 to Cly 2 3 , 193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	list saw han aliva on 19 , 19 ; death is said
7. AGE Years Months Days If LESS than I day, hrs.	To have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and religious configurations of importance
8. Trade, profession, or particular	were as follows: Dated onset
kind of work done, as SPINNER, Harmer SAWYER, BOOKKEEPER, etc.	W July 474 4 30
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Chr. Valv. Henr - (12/3)
O 10. Date deceased last worked at this occupation (month and year)	
ma. e. I	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	13. 1.6. 12. 1911.
	1 may value 1/10
14. BIRTHPLACE (city or town) Mayland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Puella tronser &	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Puella tronser & 16. BIRTHPLACE (city or town) Mayland	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17. INFORMANT Mrs Bessie E. Butler (Address) Thurtland Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Com. Com. Jung 25 131	Manner of injury
1940lose LP	Nature of injury
19. UNDERTAKER (Address) & hiller & Mariland	24. Was disaase or injury in any way felated to accupation of deceased? If so, specify
0.000 01 12/10 01	(Signed) M. D.
20. FILED My 1961. W. Why June Registrar.	(Address) Miller Ind
If more blanks are needed address State Periody and	N. Chada Sanat Palisian P. and G. S. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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(PLACE OF DEATH .	09819 STATE OF MARYLAND
	County Willemiss (13	CERTIFICATE OF DEATH Registration Dist, No. 237
ficate.	Village or City Llesse (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
erti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of c	3 SEX 4 COLOR OR RACE 5 STROLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 8 — 4 , 1923 / (Month) (Day) (Year)
tlons on	(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to ,192 , that I last saw h alive on ,192 , 192 ,
instruction	7 AGE 3/ yrs. 9 mos. / 9 ds. or min.?	and that death occurred on the date stated above, at
important. Sec	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Hornicidal Conference des. Contributory Secondary
ION is very i	10 NAME OF FATHER JAMES L. GARLING 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OCCUPAT	OF MOTHER HESLER Farely 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrsmos. ds. State yrsmos. ds. Where was disease contracted,
statement of	(Informant) Hestre Caretage (Address) Mullicakell of Filed any 5 1931 R. Worldow Walter	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
	Registrar	Office to Elf essie to Jone Disalve, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinur, the Andrewskill to the process; (a) Forewan, the Annouse the process; (b) Annouse the process of the pr state occupation at beginning of illume. If refired from business, that fact may be indeated that a corner reen at home, who are encyclin the duties of the household only not hald I warre who receive a definite salary, may be a suffer Ifousework, or At Home, and children, not a infully employed, as At school, or At home. One should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know a the kind of work and also b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e g. Former or Planter, cupation is very important, so that the relative healthor given up on account of the Dana account of the Dana account gaged in dome tic service for wages, as Serval, Cook, Housemaid, etc. If the occupation in been changed Civil engineer, tion applies to e.ch and every per on, irrespective of fulness of various pursuits can be known. Statement of Occupation - Precise statement of ocwhatever, write None. to report specifically the occupations of parsons en-For many occupations a single word or term on Farm labore Compositor, For persons who have to occupation Stationery fireman, etc. But in many If the occupation in bear changed Locomolive engineer The ques-Wom-

Statement of Cause of Peath. Name of the DISEASS CALLING DEATH the principal respect to time and causation, using alway, the size accepted term for the area of a face the only definite synonymis. Find the crebros, in all maning in the little synonymis. Typhoid few rever report.

Lobar promonia, Brondom and the Philamonia,"

as fracture of skull, and consequences 'e.g. sepsis, telanus may be rated under the head of contributory." "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara mu" "Old Age," "Shock," 10 ds. inges, perilonaeum, etc., Carcinona, Sarcoma, etc., o (Recommendations on statement of cause of approved by Committe on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia" "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tunnor" carbolic racid probably suicide. accident; Revolut wound of lead-homicide; Poisoned by or as probably such, if impossible to determine definitely. causing death), 29 ds.; Brouchopneumonia (secondary), (secondar. Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, men-American Medical Association. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Examples: Arcideral dre ning: Struck by railway traincause for which surgical operation Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid interstitud nephritis, or intercurrent) affection need not be for malignant neoplasms); Measles; etc. The valendar heart disease; Then ture of the injury, Nomenclature contributory was underdeath

If this certiscate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09820
1. PLACE OF DEATH	k (20)
County Miconico	Registration Dist. No. 333
Village or City Salishuy	No. 3/6 Ohio. St., 13 Ward
(If Length of residence in city or town whare death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
m +1 11/1/	thin
2. FULL NAME Thysele Chystelle Ch	ndo: 12 Ward
(a) Residence: No.316/67his ask Salashy H	M, St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH august 27, 193/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1. 2. 1614	My 19 17, 10 My 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on; death is said to have occurred on the date stated above, at 2:15.7.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	were as follows: Out the Colity Date of onset
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spont in this	
year) occupation Occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Marytana (State or country)	publiciti
I Man A	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Eclith O. Jones	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Edith O. Jones 16. BIRTHPLACE (city or town) Mayland (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Whera did injury occur?
17. INFORMANT N. V. Cathir (Address) 316 6 his . are . Salishy Marsland	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place accors lim Datelley, all, 1931	Nature of injury
19. UNDERTAKER Holloway t Co. (Address) She in Mariland.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Any 29 1954 Vanay Junes	(Signed) A Branch M. D.
Registrar.	(Address) Falling, MM
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SED 7 1021	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RESEAU V	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

	PERSONAL AND STATISTICAL PARTICULARS	
3 5	Tomale While Single, Married, Married, Milowed, OR DIVORCED (Write the word)	16 DATE
6 1	Cyril 27, 1891 (Month) (Day) (Yesr)	that I Is
7 /	40 yrs. 3 mos. Dds. or min.?	and tha
(b	a) Trade, profession or articular kind of work tricular kind of work to b) General nature of industry disiness, or establishment in which employed or (employer)	***************************************
9 E	SIRTHPLACE (State or country) Pensylvania	Cont. Sec
NTS	11 BIRTHPLACE OF FATHER (State or country) Pensalve	(Signed)
PARE	12 MAIDEN NAME OF MOTHER Anna Plenn	Accidents
	13 BIRTHPLACE OF MOTHER (State or Country) Cheland	At place of death Where we
14	(Informant) Early Show The Slave.	Former or usual resu
	(Address) Saloling	Mon

PLACE OF DEATH

County We Coming.

03831	STATE	OF M	MARY	LAND
13)	CERTIFIC	CATE	OF	DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No. 333

Ward) (If death occurred in a hospital or institution, give its NAME is steed of street and number.)

16 DATE OF DEATH aug 9 , 1931
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
any 9 1981. to Call 9, 1951
that I last saw han alive on and I 1971,
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH * was as follows:
Julien Enloses
(Duration) yrs. mos ds.
Contributory Secondary
(Duration)mosds.
(Signed) M. D.
auf 9 1931 (Address) Sabely
*Stste the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidsl.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)
At place of death yrs. 10 mos. Ads. In the State 12 yrs mos ds.
Where was disease contracted, Miconico Co, if not at place of death?
Former or Salesbury R 4
PALACE OF BURIAL OR REMOVAL DATE OF BURIAL
Monongapela Pa aig. 12, 1,3/
Horast Salistury Md
16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager, worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery.
man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Ilaemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be approved by Committee on Nomenclature American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	RITE PLACE WITH UNFADING INKTHIS IS A PERMACNT ROOF	tem of information should be carefully supplied. ACE should be stated EXA should state CAUSE OF DEATH in plain terms so that it may be properly cla
	K	peri
	ZZ	star
NG	0	be
07	S.M.	buld
BIL	PEI	sh t It
N.	A	ACE
F	S 18	d. 80
ED	LHI	pile
N	K	sup in te
ESE	Z	ully
2	ING	aref
MARGIN RESERVED FOR BINDING	AD.	ATI
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	WIT	us no
		CA
	9	forn
	PLA	f in
	E	ס ת
	II	s

V. S. No. 1

1PLACE OF DEATH	09822 STATE OF MARYLAND
County Wellowillo	CERTIFICATE OF DEATH
The state of the s	Registration Dist. No. 239
Village or City Manticake No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1923 1, to Tong 18, 1923 1, that I last saw h alive on Tong 18, 1923 1,
75 yrs. 4 mos. 14 ds. or min.?	and that death occurred on the date stated above, at 2-2-m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yre mos 7 de.
which employed or (employer) 9 BIRTHPLACE (State or country)	Centributory Secondary (Durstion)
11 SIRTHPLACE OF FATHER OF FATHER	(Signed) M.D. M.D. M.D. M.D. M.D. M.D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OTH	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Samuel Commany (Address) Markinske Afrika	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Marticoke Ma 20 UNDERTAKER ADDRESS
Filed (Mag) 2 1931 (1) Norman Registrar	Mrs (Messich fons Binalve Mg, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same acceptpneumonia, Bronchopncumonia ("Pneumonia,

> American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. affection need not be valvular heart Always qualify all The contributory Measles ; disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed. If this certificate is looked over thoroughly and all questions

PLACE OF DEATH	09823 STATE OF MARYLAND
County MCornics	CERTIFICATE OF DEATH
Village or City Salishing (No. Pg. Hos)	Registration Dist. No. 333
2 FULL NAME Jack Goofe	ward) a hospitul or institu- tion, give its NAME is- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 7 , 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h melive on 7, 1929,
7 AGE about If LESS than	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry	0. 6.
business, or establishment in which employed or (employer)	(Duration) wrs. mos. ds.
9 BIRTHPLACE (State or country) Inde of telf, md	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER Horses books	(Signed) M. D.
State or country of the State of Country of Count	*State the Disease Causing Death, or, in deaths from Violent Causes, state (i) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Djargarsh booddr	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Assistant Willer C.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, Juny/All, Muy
(Informant) mos Chas faros	Former or usual residence Sum/All mh
(Addess) Drow Helfing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON STATE OF BURIAL
Filed ang 7 1923/, V. May Turne Registras	20 UNDERTAKER DODRESS
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tien applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, or For many occupations a (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully em-(b) Automobile factory. The material single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia");

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failurc," "Haemorrhage," "Shock," "Old Age," "Shock," st_ted unless important. approved by Committee on Nomenclature of the telunus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Wcakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic and consequences (e. g., scpsis, Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods County item Village or City S statement PHYSICIAN (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE (Month) BINDING 5a. If merried, widowed, or divorced HUSBAND of 22. (or) WIFE of = 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Years Davs If LESS than to have occurred on the date stated above, at 1 day,___ ___ min. were as follows 8. Trade, profession, or particular LION kind of work done, es SPINNER, RESERVED of SAWYER, BODKKEEPER, etc ... may back Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc Date deceased last worked at 00 11. Total time (years) On this occupation (month and spant in this occupation ... instructions 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME DEATH Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.. should be OF 18. BURIAL, CREMATION, OR REMOV Manner of Injury CAUSE LION Neture of injury 19. UNDERTAKER If so, specify unu 20. FILED

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH RTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIDL ENCE) fill in also the following: Date of injury (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE 24. Was disease or Injury In eny way related to occupation of deceased? (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	7 5	
	Other contributory causes of importance	
May 1,1923	Gastroenteritis 7 5 2	1 year
	J. 7 3 5/	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33/ EXACTLY y classifie icate. Village or City (If death occurred in Ward) a hospit il or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH po 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 90 may be n back OR DIVORCE (Write the word) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That Lattended the deceased from 1 to (Month) 7 AGE [If LESS than and that death occurred on the date stated above, at Ja _ m. The CAUSE OF DEATH * was as follows: min.? BOCCUPATION (a) Trade, profession or particular kind of work 0 (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 3 L 0 (Address) OF FATHER ENT () ZE the Disease Causing Death, or, An deaths from CAU (State or country) Niolent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 01 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State yrsmos ... of deathyıs......mos......ds. (State or country) 00 Where was disease contracted. Every Item of CIANS should statement of (14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h? Former or usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) Filed (Laca If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ESERVE

R

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when recard. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation -Procie st. tement of ocstate occupation at begin ing of illue . Tiretired from Spinner, (b) Cotton nature of the business or industry and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planter, business, that fact may se indicat d thus; Tarmer or given up on a count of the DISEASE CAUSING DEATH, gaged in done tic service for veges, as Sorant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of ployed, as Al school, or Al home. Care should be taken household only not raid How teners who receive a definite salary, may be entered as Howewife, Housework, or Al Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer." "Foreman." "Manager." "Deal-Physician, Compositor, whatever, write None. Foreman, applies to e.ch and every person, irrespective of For many occupations a single word or term on Wis: Farm laborer. is very important, so that the relative healthwithout more precious polification as Day For perons who have no occupation (b) Automobile actors. The material Archi'cci. As examples: (a. muc. etc. Wom-But in many persons en-The ques-

EASE CACENG DEATH (the primary a fection with respect to time and causation, using always the same acceptal ed term for the same dise. Examples: Cerebrospinal fever (the only definite synonym is "Epid mic cerebrospinal meningiti": Bull of "Croup");

Typhoid for never report "Francial Tueumonia");

Lobar presented, Broukey and "Paeumonia,"

(Recommend tions on statement of cause of death approved by Committee on Nomenclature of the American Medical A sociation. 10 ds. as fracture of skull, and consequences (c. g., sepsis, telegram) may be mated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puenveral septicusmia," "Puenveral peritoritis," etc. "Txhaustion," "Heart fail"
"Inanition," "Marasmus,"
"Uraemia," "Weakness," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Serile," etc., "Drojsy," causing death, 29 d.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably . meide. accident; Revolver or will of head-homicide; Paisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgi al operation was can be ascertained as the cause. Always qualify all (secondar; or intercurrent) affection need Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, mentaken. Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condiinterstitied nephritis, FOR VIOLENT DEATHS State MEANS OF INJULY name origin; "Cancer" is less definite; avoid Congenital," 'Serile," euc.
Congenital," 'Serile," euc.
'' "Heart iailure," "Haemorrhage,"
'' "Shock,"

Jannite disease for malignant neoplasms); Measles; ," etc., when a definite disease Example: Meusles (disease etc. The n ture of the injury, valvular heart The contributory not be discase; under-

If this certificate is looked over the roughly and all questions answered in detail, it will prevent further our apondence. All the data is early all and must be obtained before the certificate is because of the certificate is

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BINDING

RESERVED

MARGIN

Date of onset 1929

1920

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT of County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city artown where death occurred ds. How long in U.S. if of foreign birth?_____yrs.____mos.___ statement 2. FULL NAME (a) Residence: No (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORGED (write the Word) manney ZEZ (Month BINDING classified Sa. If married, widowed, or divorced HUSBAND of RT1FX That I attended deceased from (or) WIFE of \odot 6. DATE OF BIRTH (month, day, and year) 7. AGE 5 Months Years Days If LESS than to have occurred on the date stated ebove, at FOR 1 day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance min. Date of onset 8. Trade, profession, or particular NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED 9. Industry or business in which work was done, as SILK MILL. may back should SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) ŏ this occupation (month end spant in this occupation . . . instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town) (State or country) terms, HER 13. NAME FAT See 14. BIRTHPLACE (city of town) Name of operation. (State or country) carefully What test confirmed diagnosis?_ Was there an au'opsy?_ p MOTHER important, 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in ATH Accident, suicide, or homicide?____ Date of Injury....., 16. BIRTHPLACE (city or fown) (State or country) Where did injury occur? be (Specify city or town, county and State) DE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN should OF WRITE Manner of injury CAUSE mation Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar.

If more blanks are weeded, address State Registrar, Sazz N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	. 1	Example ,II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
		<u> </u>		

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PLACE OF DEATH	STATE OF MARYLAND
County Wellowillo	(9) CERTIFICATE OF DEATH
9	Registration Dist. No. 333
Village or City Salislung (No 708 La	St: 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STANSTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE MARRIED, MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH Quy, 3, 193/
B DATE OF BIRTH Client	17 I HEREBY CERTIFY, That I attended the deceased
, 19%3	was called an forest
(Month) (Day) (Year)	that I spandellute alad, about so
7 AGE about If LESS than	The state of the s
I day hrs. ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION	New York and the
(a) Trade, profession or particular kind of work Monnestee	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Durstion) vre, mos de,
	Contributory Probable andiac des
9 BIRTHPLACE (State or country)	Secondary
110 NAME OF	(Durstion) yrs, mos, ds.
FATHER X 1 2011 Unialat	(Signed) M. D.
M 11 BIRTHPLACE	Mug 9 199 (Address) Sallsbury has
C (State or country)	*State the Disease Causing Death, or, in death frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Han ah Posseum plan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not et plece of death?
(Informan) Ember Usealit.	Former or usual residence
and a land	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jale July (A)	Mauston Olm ma Coug 6, 1931
15 Filed ang 4 19231. D. May Turne	29 ONDERTAKER OF THESS
Registrer	Allewant Saleshy and
If more bianks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Foreman, (b) Automobile factory. The materia For many occupations a (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many single word or term on Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Astbenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menapproved American Medical Association.) (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Example: Measles (disease on Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH		23 571
County Millower	10	Registration Dist. No.
Village or City Hear &	Leberr	Np. St V
Village of Oity		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town wh	ere death occurred yrs mos	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Augli	is Jelzgearld	
(a) Residence: No.	0/	St., Ward.
PERSONAL AND STATI	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White	OR DIVORCED (write the word)	(Month) (Day) , 193/Yea
5a. If married, widowed or divorced HUSBAND of Gor) WIFE of Harland	Fetzgeerld	22. I HEREBY CERTIFY, That I attended deceased Cup and gloon 19
6. DATE OF BIRTH (month, day, and year)	Men 18 1892	I last saw helo alive on acceptant gue 19 31; death is
7. AGE Years Months		to have occurred on the date stated above, at 11:50 Pm.
39 2	25 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	1	Pulmoran Inberculosis 192
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	/	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) (State or country)	co,	Dither Contributory Causes of importance: Defilie hs Cleave C.
13. NAME Thomas	Nobleins	
14. BIRTHPLACE (city or town)	mit-	Name of operation
14. BIRTHPLACE (city or town)		What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Cles abo	the Phylopsies	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Olizator 16. BIRTHPLACE (city or town) (State or country)	mill	Accident, suicide, or homicide? Date of Injury, 19_
S (State or country)	./	Where did Injury occur?
17. INFORMANT MENZELL (Address) Achi	Aspkins,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	1	Manner of injury
Piace Delvaux	Date Jug 13, 193 !	Nature of injury
19. UNDERTAKER IT Dirac (Address) Sha	plower med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug/2, 19.8/	ho & m Wally	(Signed) William Emucle (Address) Stellam - Pod. aug. 12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	PLACE OF DEATH, County Wicomico	09831 STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 332
ate.	Village or City Jawellville (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
IIfic	2FULL NAME SAUCE 111. 17 C	number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Qug 19, 1987 (Month) (Day) (Year)
ons on b	6 DATE OF BIRTH Nov. // , 1836 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1981. to 2 19 1981,
nstruction	7 AGE 94 yrs. 9 mos. 8 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
See ir	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Fotos Pnemona
rtant	business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
impo	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs
very	10 NAME OF FATHER PORS	(Signed) Cartalla M.D.
ON is	OF FATHER (State or country) Maryland	State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER May Havio	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCO	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
nent	(Informant) Florence Barley	19 PLACE OF BURIAL OR REMOVAL A PURIAL
statement	(Address) Sowillville My	Episcopal lem Berling 9 11 1. 1931
0)	15 Filedugh 192 Feland I fruitt Registrar	m Pasha watson belyvelle
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH whatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a er," etc., Spinner, (b) Colton mill; (a) Salcsman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; if Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queslaborer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation

Statement of Cause of Death Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causaton), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> in tetanus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of death American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Nevcr report mere symptoms or terminal condiresulting from childbirth or miscarriage as Example: Measles (disease volvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Village or City Salishing (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333 Ward) (If death occurred in a hospital or institu-
2FULL NAME Million Sar	tion, give its NAME In- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mail white 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw ber alive on 192/,
TAGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or particular kind of work (b) General nature of inclustry	frathiel Palo
business, or establishment in which employed or (employer)	Outomobile secidentally Duration) ned with mos () do.
9 BIRTHPLACE (State or country) Purvius	Contributory Secondary
10 NAME OF Benjamin Dans	(Signed) M. D.
C State or country) Russia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mullin Same	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosOds. In the StateyrsmosOds. Where was disease contracted,
Informant) Max Busine	Former or usual residence
(Address) Cafe Charle The	Baltimere Cin My Sept 1931
Filed any 3/1923/ b. May Turner Registras	The Will & Johnson & Salisbury n
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopueumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
SEP 9 1091	1915	Attack of epilepsy	1 week ago
ritis	1921	Run over by street car	1 week ago
BUEEATT V A	July 5,1927	Peritonitis	3 days ago
	64		
uses of importance:	5	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	death and related causes follows:	death and related causes follows: 1915 itis 1921 July 5,1927 asses of importance:	death and related causes follows: The principal cause of death and related causes of importance were as follows: Attack of epilepsy itis 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County Wicomics	CERTIFICATE OF DEATH
Country	(122-0)
MITTEL MARKET DATE DATE DE ME	Registration Dist. No. 333
Village or City Salisbury (Nond) Pen	Mard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME William 6, 7	Jarris Dela Sland months street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black SINGLE, MARRIED, MARVELL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mulceon	argust 3 1931. 10 august 10, 1931.
(Month) (Day) (Year)	that I last saw ham alive on dugstof 9 , 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at 4:30 A.m.
I dayhrs.	The CAUSE OF DEATH * was as follows:
yre. mos. ds. or min.?	Juanula Wof Herry
dccupation (i) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration) vrs. mos ds.
which employed or (employer)	Contributory Much Free 1
9 BIRTHPLACE (State or country) Mary (and)	Secondary (Doration) yrs mos 3 ds.
10 NAME OF	11. M. Hed MD
FATHER UNKNOWN	(Signed) M. D.
() 11 BIRTHPLACE	8 // U 198/ (Address)
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 1 In the July
(State or Country) 71 M nown	of death yrs mos. de. State yrs mos. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, ut not at place of dea h?
1 60 1 60 41 : HI	Former or usual residence blocks believed by
(Informant) Immsula Jen Nospilal	19 PLACE OF BUHIAL PR HEMOVAL / DATE OF BURIAL
(Address) & alastogaton my	Dels Island Till ang 11 1931
15 Filed ang 10 19831. J. May Turner	20 DINDERTAKER DODRESS
Registra	· proces delaston
If more b.anks are needed, addre.s Ltate Negistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Ilousewife, Ilousehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, to report Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, (b) specifically the occupations of persons en-(b) Automobile factory. The material Grocery;

Statement of Gause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," approved telanus) may be stated under the head of "contributory." st_ted unless important. as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic Example: Measles (disease ", "Coma," "Convulsions, etc. valvular heart disease; Nomenclature of the The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH state of infor-OCCUPA 1. PLACE OF DEATH plnods item Village or City Jo PHYSICIANS Length of residence in city or town where death occurred statement 2. FULL NAME (a) Residence: No RECORD (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV OR DIVORCED Swrite the w CTL classified. FOR BINDING PERMANE married, widowed, or divorced HUSBAND ot (or) WIFE of 1 M certificate. 6. DATE OF BIRTH (month, day, and year) properly Months Days It LESS 7. AGE Years stated 1 day. 01----IS Trada, profession, or particular THIS. kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ MARGIN RESERVED be jo it may Industry or business in which instructions on back should work was dona, as SILK MILL, SAW MILL, BANK, etc. UNFADING INK-Date deceased last worked at 11. Total time (years) this occupation (month and spent in this so that occupation 12. BIRTHPLACE (city or town (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city ar town) (State or country should 17, INFORMANT TION is very (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE mation 19. UNDERTAKER V. S. No. 1 (Address) If so, specify (Signed)_. (Address) __ Registrar.

	Registration Dist, No.
	No. Ten yene Kospitalst. 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
mos	ds. , How long in U. S. of foreign birth?yrsmos ds.
71	arrisan hr.
TY	wasse, y.
Cir.	St., Werd.
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
ED.	21. DATE OF DEATH
ord)	(Month) (Day) (Year)
	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased front
	any 3 ,1931, to any. 11 ,1931
6	I last saw has alive on any 1931; death is said
than	to have occurred on the date stated above, at . 5m.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
in.	were as follows:
1	Campsund fracture of
al	It. This 14 kifulah
	Low gangsicht alst
	I,
	- May for the state of the stat
	Other Contributory Causes of importance:
	β
N	
	Name of operation Data of
	What tast confirmed diagnosis? Was there an autopsy?
-	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Accident. Date of injury Euro 3, 193.
	Where did injury occur? Sulvey Cullin Problem Reveal (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of injury - autumobile acciding
93/	Nature of injury _ are arbune
	24. Was disease or injury in any way related to occupation of deceased?
4	24. was disease of injuly ill ally way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis > > >	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19836 STATE OF MARYLAND CERTIFICATE OF DEATH

> Registration Dist. No. (If death occurred in a hospital or institu-tion, give Its NAME in-stead of street and

number.)

MEDICAL CERTIFICATE OF DEATH _(Day)____ I HEREBY CERTIFY, That I attended the deceased from that I last saw h ten alive on and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the State

If more bianks are needed, addre.s tate Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman, (b) Grocery. eman, (b) Automobile factory. The materia without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease Example: Measles (disease " "Coma," "Convulsions, etc. affection need not be Nomenclature The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 pinous Registration Dist. No. County Village or City JO (If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred statement PHYSICIAN Ward (a) Residence: No. If nonresident give city or town and State (Usual place of a hode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4. COLOR OR MACE 5. SINGLE MARRIED, WIDOWED, 3. SEX OR DINORCED (queite the word) (Day) BINDING 5a. If married, widowed, or divorced HUSBAND of FRIIFY. That I attended deceased from 22 (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Davs 7. AGE Months FOR The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc. 9. Industry or business in which pinods may work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions 12. BIRTHPLACE (city or town MARGIN (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_ carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should very OF 18. BURIAL, CREMATION, Manner of injury -WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RTREST	. 1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Steonies	Registration Dist. No. 320
Village or City Mardela	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Farmin & Arskin	nd .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemalo A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH (Month) 7 (Dey) 193 / (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, dey, end year) Culy 22 1868	I last sew h. L. alive on
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
63 18 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chris harringhuston hablist 1930
9. Industry or business in which work was done, as SILK MILL, Aouse Wife. SAW MILL, BANK, etc	
10. Oate deceased lest worked at this occupation (month end year)	
Marriage	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or county)	warme any
13. NAME Lamuel On Hendror	
m	Name of appraisa
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Elizabeth of Dailey	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur?
7. INFORMANT Clayander Hopking (Address) martila, mos	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Muzilety Oate 11 , 1921	Nature of injury
9. UNDERTAKER The Gaverson Hosel (Address) Thank town med	24. Was disease or Injury in any way related to occupation of deceased?
20. FILE Councy 10, 1931 Invalantion	(Signed) Alveure M. D. (Address) Ballely M. D.
H FILLS	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RURBAUTE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N. 83.-

PLACE OF DEATH	19839 STATE OF MARYLAND
County Willemico	CERTIFICATE OF DEATH
	Registration Dist. No. 33)
Village or City Seslerville (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME George L Jon	tion, give its NAME i stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
married. MARRIED. WIDOWED. OR DIVORCED (Write the word)	Month (Month) (Day) (Year)
6 DATE OF BIRTH (Mognth) (Day) (Year)	17 I HEREBY CERTIFY That I attended the deceased from 2 7 1923 / to aug 2 , 1923 / that I last saw h a alive on aug 2 , 1923 /
7 AGE [If LESS than	
5 5yrs. 7 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	прорену
business, or establishment in which employed or (employer)	(Duration) yrs, mos 7 ds
9 BIRTHPLACE (State or country)	Contributory Secondary Secondary
10 NAME OF FATHER PARES PARES	(Signed) Delle Fille M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME Johana Sale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
(State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
as Constant and a second	Former or usual residence
(Into(maht)) Horman Jours	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) sessilements	Lestersville Md ang 4 . 19 T.
Filed Might 193101. Wool for Malte (Registrar	Mrs BMusick & Sons Birmhould
If more bianks are needed, address State Registras	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, Spinner. b) Cotton will, (wo will enter the Groccry; (a) Foreman, b) Automobile fuctory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an state occupation at bugin ing of illuss. If retired from should le used only when necded. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation - Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Normal, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At hand. Che should be taken household only not paid Housekeepers who receive a definite salary, may be entered as Housevije, House Civil engineer, the first line will be sufficient, e. g., Firmer or Planter, whatever write None. to report specifically the occupations of persons en-Physician. Compositor, Architect, For many occupations a single word or term on or At Home. yrs .. Farm lahorer. without more precis who are engaged in the duties of the For persons who have no occupation Stationary and children, not gainfully em-Laborer Coal nine, etc. Womfireman, etc. But in many specification as Day Locomolive engineer,

EASE GALENG PRATE the printry affection with respect to time and causation, using alway the same accepted term for the same diselse. Examples: Cerebrospinal force (the only definite synonymis "Epidemic cerebros; inal meningid"); District a rould use of "Croup"); Typhoid felor never report "Epided Pneumonia"); Lobar preumonia, Broadopacturous. "Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles as fracture of skull, and consequences (e.g., sepsis, tolonus may be stated under the head of "contributory." "PUERPERAL septienomia," "PUERPERAL peritonitis, atic), "Atrophy." "Collapse." "Coma," "Convulsions, causing use of "Tumor" unqualified, is indefinite; Tuberculosis of lungs, men-American Medical A. sociation. approved by Committee on Nomenclature carbolic acid - probably suicide. The n.ture of the injury, accident; Realist wound of head-homicide; or as probably such, if impossible to determine definitely. State cause for which surgi al operation was underdiseases tions, such as "Asthenia," "Anaemia" mcrely symptom. Whooping cough; Chronic (Recommendations on statement of cause of death Examples: Accidental drawning; Struck by rathern trainand qualify as ACCIDENTAL, taken. perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Branchopneumania (secondary), 'name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need for malignant neoplasms); SUICIDAL OF HOMICIDAL, etc. The valvular heart contributory Aleasles; (disease not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V S. No. 1

3

PLACE OF DEATH	(1984) STATE OF MARYLAND
County Whomes	CERTIFICATE OF DEATH Registration Dist. No. 933
Village or City & alishury mol. (No. Pen Gen	Ward) a (If death occurred in a hospital or institu
2FULL NAME mrs Gestrule	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Florale White Single, Married Wildowed. White Write the word)	16 DATE OF DEATH Q 2 , 193 / (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	July HEREBY CERTIFY, That I attended the deceased from 192
7 AGE If LESS than	and that death occurred on the date stated above, at
2 yrs. mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Humber Comparticular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) Days de mos de
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Culturation Contributory Secondary
10 NAME OF TRANSPORT WITCHES	(Signed) (Duration) The Model (Signed) M. D.
S) 11 BIRTHPLACE OF FATHER	any 2 1984 (Address) tuling my
OF FATHER (State or country) 12 Maiden Name C. C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Clear Of Tord	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, from County Oct
(Informant) Pen Sen Hospital	Former or usual residence theory and the
(Address) Salishing md	19 BLACE OF BURIAL OR REMOVAL.
15 Filed ang 3 1923/1 & May Jumes	20 UNDERTAKER , dawy ppbress
1	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

en at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quoscupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head by "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be strted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart Measles ; disease; of the

If this certificate is looked over thoroughly and answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	1PLACE OF DEATH	00841 STATE OF MARYLAND
	County Willomico	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 333
care	Village or City Salisbury and (No. Pen. Gen.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME Baly Boy Jose	John Lawel Lles number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2000	male. White SSINGLE, single MARRIED, surgle OR DIVORCED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended the deceased from
	(Month) (Day) (Year)	that I last saw h day alive on
	7 AGE Output Output	and that death occurred on the data stated above, at 000 m. The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	
V	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Dayshimos de
	9 BIRTHPLACE (State or country) Salishury md	Contributory Connelly Secondary (Duration)
	10 NAME OF FATHER my Harley Joseph	(Signed) Allew M. D.
1 4	IN BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME O 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER mts Serbride Hitekel	a LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Iransfents or Recent Residents)
	OF MOTHER (State or Country)	At place of death yrs mos des State yrs mos aleas
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea h?
	(Informant) Pen Den Hospital	19 PLACE OF BURIAL OR REAVAL DATE OF BURIAL
	(Address) & Mishay mid Filed ang 3 1931 & May June	20 UNDERTAKER VOLUME DODES
1	Registral If more b.anks are needed, addra s tate Negistral	16 W. Saratoga St., Balton, Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeation as Duy laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

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> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drepsy,"
> "E:haustion," "Heart failure," "Haemorrhage," st_ted unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need valvular heart Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County Wicomico Registration Dist. No Village Dr City Near Mardela No. (If death occurred in a hospital or institution, give its NAME instead of street and number) JO Length of residence in city or town where death occurred 4 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. statement PHYSICIAN 2. FULL NAME William A. Kirkendall (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Male Whi te 5a. If married, widowed, or divorced BINDIN HUSBAND of I HEREBY CERTIEY. That I attended deceased from Hattie E. Kirkendall (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) April properly 7. AGE Years Months Days If LESS than FOR 63 TO or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.____ RESERVED may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Farmer 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this so that occupation ... Other Contributory Causes of Importance: Baltimore County MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER Amos Kirkendall 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER Parlett 15. MAIDEN NAME Hanna important in 23. If death was dua to extaroal causes (VIOLENCE) fill in also tha following: car Accidant, suicide, or homicide?______ Date of Injury______ 19____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Whera did Injury occur?_____ (Specify city or town, county and State) E.Kirkendall Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE arde Date Aug I7 LION Nature of injury W.D. Gravenor & Bro. 24. Was disease or Injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) Sharptown, Md. If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

I5 1931. 193

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	,	PHYSI-	Exact
1	À		fied.
	ORD	EXACTLY,	operly classified.
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	_	ated	00

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Sac	PLACE OF DEATH	STATE OF MARYLAND
EX	County Willemico	CERTIFICATE OF DEATH
ā . /	County	(95-2) CERTIFICATE OF DEATH
e, <		Registration Dist. No. 33/
P.E.		
CT SS	Village or City Juanucetto.	St.: Ward) (If death occurred i
cla ate	1/ 2 00 -	tion, give its NAME is stead of street an
riy clarificate	2FOLL NAME COMMENT	Mowles number.)
rer		
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
st pr	3 SEX 4 COLOR OR RACE 5 SINGLE	16 DATE OF DEATH
P. P	MARRIED. WIDOWED.	PULB 10 1975/
d y a	Tusto while (Write the word)	
700		(Month) (Day) (Year)
t m	6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
	May 4th 1860	1927/. to 1927
hat	(Month) (Day) (Year)	that I last day h malive on 1993)
ACE so that uctions	7 AGE [If LESS than	110
led 18	7/yrs. 5 mos.6 ds. or min.	The CAUSE OF DEATH * was as follows:
erm e ins		Vousles (Aus & Ducas
te te	Trade, profession or	Lacrost of the state of the sta
su in t	particular kind of work	
ully plai nt.	(b) General nature of industry	
efully n pla tant.	Ausiness, or establishment in	(Duration) yrs mos ds
e carefully ATH in pla important.	which employed or (employer)	Contributory
ot g	9 BIRTHPLACE (State or country)	Secondary
EA	Ma	(Durayop) was mos de
500	10 NAME OF O 1 (1/	1 No Jan
12 E V	FATHER Girlage 11 mayer	(Signed) M. D
000	11 BIRTHPLACE	6 1/ 192 /(Address) / Mushing My
S M Z	OF FATHER	State the Disease Causing Death, or, In deaths from
A O	Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
#0F	IL 12 MAIDEN NAME	
E O D	of MOTHER Salle Lauler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
stat	13 BIRTHPLACE	ients or Recent Residents)
n st	OF MOTHER	At place In the of death yrs. mos. ds. State yrs. mos. de
-00	(State or country)	Where was disease contracted,
o E o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
m of t	1 . + 1/. +1	Former or
ite s	(Interment) Juanula Hum	usual residence
NS No	1) 1 9 . 1 . 11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Alat	(Address) all all wey evid	duantina Md aug 12. 193.
Every Item CIANS sho statement	15 / 2 8/20/11-00	20 UNDERTAKER ADDRESS
1.	Filed all 193 / Mus & March	1 101 - 1,0 00.
m	Registrar	Mrs les Messet Tom Gualne
2	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

09843

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illustificated from business, that fact may be indicated that Farmer (reen at home, who are engaged in the duties of the household only not paid House, ors who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not granfully employed, as At school. It have Care should be taken worked on may form part of the second statement.

Never return "Labore". "For man," "Manager." "Dealshould be used only when reeded. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary foremen, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocor given up on recount of the DISPARE CAUSING DEATH guged in dome tic service for wages, as Sorant, Cook, Housemaid, etc. If the occupation has been changed to report specifically be occupations of pursons ener," etc. Spinner, (b) Cotton mel; Physician, Compositor. tion applies to e.ch and every person, irrespective of whatever, write None. Foreman. first line will be sufficient, e. g., Fermer or Planter, For many occupations a sin le word or term on Farm mrs . without more precise specification as Day For persons who have no occupation Automobile becarj. Art Hech. - (out white etc. As examples: (a) materia engineer, Wom-

Statement of Cause of Pearl: Name, first, the Disease causing deart the primary affection with respect to time and causation, using always the same accepted term for the same dise so. Examples: (everbrospinal fever (the only definite synday in "Unidemi: cerebrospinal meningitis"; Inthination of a of "Croup"); Typhoia facer never reper "Typhoia Pneumonia"); Lobor pneumonia, Brone' present the Disease of the D

"Traemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inamition," "Mara mus," "Old Age, " "Shock," stated unless important. Example: Measles (disease as fracture of skuil, and consequences (e.g., sepsis, telurus) may be sated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicarria," "Puerperal peritonitis," etc. use of "Tumor" for malignant neoplasms); Mcusles; inges, perilonovum, etc., Carcinomo, Sercoma, etc., of tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death, 29 ds., Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, mon-American Medical As ociation. approced by (Recon, mendation : carbolic acid - prob. b' words. The n ture of the injury; accident; Revolver warm of head-homicide; Poisoned by Examples: Accidental drowning; Nauch by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL SUICIDAL OF HOMICIDAL, taken. FOR YILLEN DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-(secondar, or intercurrent affection need Never report mere symptoms or terminal condiinterstitial nephrilis, Committee on on statement of cause of etc. valvulor heart discase; Nomenclature The contributory not be

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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 69844
1. PLACE OF DEATH	92-0
County//leon 3000	Registration Dist. No. 335
Village or City Sharplown	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
1. second K	- January 100 100 100 100 100 100 100 100 100 10
2. FULL NAME CHASEMETH & Drug	1000
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIMORCED (write the word)	21. DATE OF DEATH (Mog/h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Landary 28 1856	last saw h M alive on any 13 1931; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, st/Qm. The PRINCIPAL CAUSE OF DEATH and related causes of importance wero as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Nocuse Work. SAWYER, BDDKKEEPER, etc.	Derrare ())
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) DELSEVANO	Dither Contributory Causes of importance:
(State er couptry)	
13. NAME Camer Students 14. BIRTHPLACE (city or town) SEL	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME / awey V. Madky	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / ANCY ST. I STARTLEY 16. BIRTHPLACE (city or town) (State of Supers)	Accident, suicide, or homicide?
17. INFORMANT Illians of Knowles (Address) Blashlown mo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marfifo por Date Mug. 15, 1931	Nature of injury
19. UNDERTAKER S.N. Fravencor Horo. (Address) Sharplown mg.	24. Was disease er injury in eny way related to occupation of deceased?
20. FILED Aug 15, 19 31 Mary E. Mary Registrar.	(Signed) 10 Turblum M. D. (Address) 2 aptron.
If more blanks are heeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	@ July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND
County Mconico	CERTIFICATE OF DEATH
	Registration Dist. No33 6
Village or City Delmas Al (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mession Certhur	tion, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Aprile (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH 1925	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h whetive on align 27 , 199/
7 AGE If LESS than	and that death occurred on the date stated above, atm,
d I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	751801
(a) Trade, profession or	The state of the s
particular kind of work (b) General nature of industry	
business, or establishment in	(Durstion) yrs
which employed or (employer)	Contributory
(State or country) Marsland	Secondary (Duration) yes mos de,
10 NAME OF	(Signed) HE Cates M. D.
11 BIRTHPLACE	aug 27 198/ (Address) Delmon Chel
OF FATHER (State or country) Herware	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Blanche Buttinghan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the Stateyrs
(State or Country)	Where was disease contracted, if not at place of death?
IN CA	Former or usual residence
(Informant) allum 18 decates	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Delmer D3/	m. P. Con Susser Co aug 29, 1963/
15 Filedang 2 7 198/ Wet Duna	20 UNDERTAKER ADDRESS
Registrar	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more branks are needed, address State Registrat	1 to 11. Deterale and Determine tradescone

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic ccrebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi-Committee on Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED FOR

MARGIN

S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
See Selika hada Plan	1 9/ 1-0 10
Village or City & alisbury md (No. / ln.	len Applast: 3 Ward) (If death occurred in a hospital or institu- tion, give, its NAME is
2FULL NAME Mrs Coe P W	a stead of street and
-TOLL NAME	arshall Pelesville manber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowld	16 DATE OF DEATH
Finale white WIDOWED (Write the word)	augus 100, 100
6 DATE OF BIRTH	[17 _ 1 HEREBY CERTIFY, That I attended the deceased from
atales 1 8h2	august 9 1931 to august (8, 1931
(Month) (Day) (Year)	that I last saw h & alive on Qualist 17, 1931,
7 AGE IfLESS than	and that death occurred on the date stated above, at 1202 m.
L. M. // / I day hrs.	The CAUSE OF DEATH * was as follows:
yrs. / mos. / ds. or min.?	Taketes nulliling
la) Trade, profession or	Occidentally fell on steps frostrong her felvis,
particular kind of work Museum	tento.
(b) General nature of industry business, or establishment in	(Duration) Hulyis mos de.
which employed or (employer) Sufuru	Dalite Geril i
9 BIRTHPLACE (State or country)	Secondary New 10
Juhun	(Duration) yrs
10 NAME OF FATHER	(Signed) Mr D.
11 BIRTHPLACE	aug/8 1923/ (Address) Julista mis
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
U 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER ANALY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsfients or Recent Residents)
13 BIRTHPLACE	At place In the
(State or Country) Muhum	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted lease that had not at place of deah?
1 (1) m 1 (1/2/2011)	Former or usual residence
(Informant) Peninsula General Hospital	19 PLACE OF BURIALLO REMOVAL DATE OF BURIAL
(Address) Dalishing ma	Ballinou Md Aug 2/ 193/
15 A. 18 14 / May Turner	20 UNDERTAKER ADDRESS
Filed My 1901 (V. VMM MMM) Registras	Leonge L. Smith Baltimore.
If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St. Balto., Lequesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Flanter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more processed mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material As examples: (a) (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia");

> "(E.haustion," "Heart Imme, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Mconice	CERTIFICATE OF DEATH
of the grant and a street and a second as a second grant of the second as a se	(82-C)
tz/ -1/	Registration Dist. No. J.
Village or City Olymon DOy6.	St.: Ward) (If death occurred in a hospital or institu-
01: 1/6	tion, give its NAME in-
2FULL NAME CLESSES HOLM	Melbon stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
A WIDOWED.	aug 27, 193/
Male ONL (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
(1110 2/ 185-6	1921. to Thy 19231,
(Month) (Day) (Year)	
	0 1 4 2
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrs. mos. 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	fragt with the way the way
(a) Trade, profession or	man for the the the the the state of the
particular kind of work (b) General nature of industry	······································
business, or establishment in	(Durstion) 2 yrs mos de.
which employed or (employer)	R-
9 BIRTHPLACE (State or country)	Centributory Secondary
(State or country) Delawrere	(Durstion) yrs mos 2 ds.
10 NAME OF M	(Signed) M. D.
FATHER Momas a Milson	has I not
U II BIRTHPLACE	1924 (Address) ff 11 11 11 11 11 11 11 11 11 11 11 11
OF FATHER (State or country) Delaware	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Mondon Ellen Varhous	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(X) 1 6	Former or
(Informany) Millie am Million	usual residence
Malana Ay	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) OWWWWW	n.E. Com Dusting aug 29. 163/
15 Filed ang 28 1921 Wet Dunn	20 UNDERTAKER ADDRESS
Registrar	Mill & mawy Duman Du
16 mars browles are moded address that Dodonous	16 W Saratora St. Balto, Requesting V. S. No. 1.

OCAX

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the As examples: (a) 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

spproved by Committee on Nomenclature "('Exhaustion,') "Heart Langue,') "Old Age, " "Shock,"
"('Inanition,') "Marasmus,'' "Old Age, " "Shock,"
"('Uraemia,') "Weakness,'' etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi etanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart not disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes, of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUKEAU V.S.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M. T. 18

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate: H LN BINDING PERM. WITH UNFADING INK--THIS IS A RESERVED FOR MARGIN WRITE PLA N. B.--

V. S. No. 1

PLACE OF DEATH	USASU STATE OF MARYLAND
County / Succession Co	CERTIFICATE OF DEATH
	Registration Dist. No. 396
my Mus tale dela	(16)-41
Village of City Punyary (No.	St.: Ward) a hospital or institu-
	tion, give its NAME in-
2FULL NAME Sufficient	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED. OR DIVORCED	Cluz 27, 198 (
Male Duto OR DIVORCED (Write the word)	(Month) (Day) (Yesr)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
Defet 15- 1861	//ally 2 2 198/. to Clug, 22, 198/,
(Month) (Day) (Year)	that I last saw h smalive on Delg 2/ , 192/,
7 AGE IIILESS than	and that death occurred on the date stated above, at 12 9 m.
1 day hrs.	The CAUSE OF DEATH * was as follows:
67 yrs. de. or min.?	
a OCCUPATION	Chronie Ontratities
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Durstion)ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Nucivale	(Durgion) yrs. mosde,
10 NAME OF STATE OF S	(Signed) It Car & Calle M. D.
11 BIRTHPEACE	Cling 2 3 192 (Address) Alleng Och
0	
Z (State of country) Mayland	*State the Disesse Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sand C Dall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a yourse a rught	ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds.
(State of Country) Mayor	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
1) Sand On Wix/	Former or usual residence
(Informant) with clein Hucken	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Orlman Del BX143	INP 8 Panary 61
	M. P. Com Durne Co ally 1, 190
15 Filed @4@ 24 1981 72 Den	20 UNDERTAKER ADDRESS
Registrar	1000 p marry Delmaray
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons en-Never return" Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonid ("Pneumonia,");

approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY "" "Weakness," etc., when a definite disease Committee on Example: Measles (disease Nomenclature " "Convulsions, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEA

STATE OF MARYLAND—CERTIFICATE OF DEATH

Was there an autopsy?_ 23, If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?______ Date of injury_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

S. No.

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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MARGIN

BINDING

FOR

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	09854 STATE OF MARYLAND
County/ Meonico	CERTIFICATE OF DEATH
	Registration Dist. No. 236
Village or City Delmond DelNo.	St.: Ward) (If death occurred in
2FULL NAME EStelle Fromble	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR/RACE 5 SINGLE, MARRIED, WIDOWORCED (Write the word)	16 DATE OF DEATH (Month) 7 (Day) (Year)
S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h & alive on My 6 192
7 AGE If LESS than	
5-8 yrs. mos. 25ds. or min.	2
8 OCCUPATION - C/	Musika January I My Ton Buras
(a) Trade, profession or fourse Dife	
(b) General nature of industry business, or establishment in	(Davida) / 2
which employed or (employer)	Contributory Atraba and allowed & work
9 BIRTHPLACE (State or country) Marsland	Secondary (Duration) Fine Hamilton
10 NAME OF FATHER CILIDAN & DEMMA	(Signed) M. D.
II BIRTHPLACE OF FATHER	My 1923 (Address) Sumus Itil
Z (State or country) Many Cound	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER have dittletion	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ienta or Recent Residents) At place In the
OF MOTHER (State or Country) Manloynd	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Surge & Vawelle	usual residence
(Address) DElmonDEL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 198/
Filed Aug 7 19B177 J Lusser Registrar	Mill & Marvel Delmar,

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (o) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Form laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material Solesman. (b) Grocery,

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approved by Committee on American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvulor heart discose; Nomenclature of the Measles;

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PLACE OF DEATH	STATE OF MARYLAND
County Wicomio	CERTIFICATE OF DEATH
WITH BEALT OF A NEW CO.	Registration Dist. No.3 3 3
Village or City Salsbury md (No. Pen. Sen.	Hospital St.: 3 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2FULL NAME Mrs Connie Seed	Je Larksley Van number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH alous, 1880	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h As alive on
7 AGE If LESS than I dayhrsds. ormin.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER UNKNOWN	(Signed) M. D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Turknown	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos.// Stateyrsmos.//
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted Occurace Co, but it not at place of deah?
(Informant) Pen. Gen Horndal	Former or usual residence Cecuniae Cs. Du
(Address) Salishny, And.	Partial or REMOVAL DATE OF BURIAL Andrew 23 , 19.3.1
Filed My 221923/. (E. May Sume Registra)	20 UNDERTAKER Johnson Parksley
If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MOCEL

(Approved by U. S. Census and American Fublic Health Association.)

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should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforof OCCUPA PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be of back CAUSE OF DEATH in plain terms, so that it may See instructions on supplied. mation should be carefully TION is very important. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09856
1. PLACE OF DEATH	
County W comics	Registration Dist. No. 933
Village or City Salisbury (If	ND. Pers. Herry Haspertal St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME George W. Small	. Berlin md.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of many Survey Survey.	22. I HEREBY CERTIFY. That I ettended deceased from Guarant 10, 1931, to Guarant 15, 1931
C DATE OF BIRTH (parts down	I last saw n. m. alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 8.115 P.m.
5-2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Che toskothefreehuk tul
SAWYER, BODKKEEPER, etc	Charles elle
work wes done, as SILK MILL, SAW MILL, BANK, etc	Cut Registration of
1D. Date deceesed last worked at this occupetion (month end yeer) occupetion	
12. BIRTHPLACE (city or town) manyland	Dther Contributory Causes of importance:
(State or country)	
I 13. NAME William Smale	
13. NAME William Smale 14. BIRTHPLACE (city or town) Berlin, M. (State or country)	Neme of operation Dete of What test confirmed diagnosis? Llessee Westhere an autopsy?
15. MAIDEN NAME Annie Politice	23. If death was due to external causes (YIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (Stele or country)	Accident, sulcide, or homicide?Dete of injury, 19
17. INFORMANT Smalle (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in-INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAK, CREMATION, OR REMDVAL	Menner of injury
Place St. Pauls. Dete Rugel , 19 31	Nature of injury
19. UNDERTAKER QUARTER (Address) As Asia William	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ang 18, 1931, & May Turner Registrar.	(Signed) M. D. (Address) Gallery Just
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	(
Other contributory causes of importance:		Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH County Wiemuco	9857 STATE OF MARYLAND CERTIFICATE OF DEATH
1. Eaglein	thoref Registration Dist. No. 333
Village or City dalesbury (No. Inbreed) 2FULL NAME Wils W.	Ward) (If death occurred in a hospital or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH august 7, 1931 (Month) (Day) (Year)
8 DATE OF BIRTH Herember 29, 1894	17 I HEREBY CERTIFY, That I attended the deceased from Horan In 24, 1930. to acquist 7, 1931
(Month) (Dyy) (Year) 7 AGE If LESS than 1 dayhrs	. The CAUSE OF DEATH * wes es follows:
Joccupation (a) Trade, profession or particular kind of work Joccupation Rante Age Age Age Age Age Age Age A	Pulmony tubuculosis
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 7 yrs. 6 mos. ds.
9 BIRTHPLACE (State or country) **Remarks** **Creaning** **Transport of the country of the co	Contributory Secondary (Durstion)
10 NAME OF FATHER Folia W. Stahre	(Signed) Charles O, Steen Sen M. D. Ougust 7, 1931 (Address) E. J. Hr. Jan, Talishur, M.
OF FATHER Z (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Hilda Jaquetron 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place
OF MOTHER (State of Country) Sweden 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, alishuy, Md.
(Informant) Mrs Olive E. Stake	Former or usual residence 406 Kinwordan " " 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 7/1 Martin St. Schiffing 14/	Melson Church and aug. 9. 193/
Registrar If more banks are needed, address tate Registrar	r, 16 W. Seratoga St. Baito., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Civil engineer, Physicum, business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "... telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Mcasles (disease etc. The contributory affection need valvular heart not disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M)	m of infor-	hould state	OCCUPA-	1
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
5	ENT RECO	LY. PH	d. Exact	
BINDIN	PERMANE	EXACT	rly classifie	ate.
ED FOR	V SI SIH	be stated	be prope	of certific
RESERVE	G INK-T	GE should	hat it may	ns on back
MARGIN RESERVED FOR BINDING	UNFADIN	upplied. A	terms, so t	TION is very important. See instructions on back of certificate.
	Y, WITH	carefully s	'H in plain	ortant. Se
	E PLAINL	should be	OF DEAT	very impo
V. S. No. 1	B.—WRITI	mation	CAUSE	TION is
, V	Z	-	-1	

STATE OF MARYLAND	CERTIFICATE OF DEATH 09858
1. PLACE OF DEATH	
County / // Corregal	Registration Dist. No. 330
Village or City Mardela RA. # 2	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city town where death occurred 8 yss	
2. FULL NAME William To, Va	ylor
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SER 4. COOR OF RACE 5. SINGLE MARRIED, WIDOWED, OR DISORCED ("write this word)	21. DATE OF DEATH (Month) (Ody) 193 (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 19, 1842	Hast saw h Live alive on One rut 18 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at3_Am.
89 5 3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER. The Carpente SAWYER, BOOKKEEPER, etc.	afeigreleionis 1920?
9. Industry or business in which	neplying cliente Iweek
10. Oata deceased last worked at this occupation (month and spent in this	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Callone Continued of Graveo
1200	
E no 8	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
1 2 4	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT/Maus Welsons 1	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addréss) Martin Miller 18. BURTAT, CREMATION OR REMOVAL	
Place Dravelow was place Ving 231931	Manner of injury
The African States	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
20. FILEBUG 22, 1931 millumstrong	(Signed) William O Munch M. D. (Address) Helron M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND Niconus County CERTIFICATE OF DEATH ciassified Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME in -stead of street and properly of certific number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED pino (Write the word) (Day) 6 DATE OF BIRTH 1 HEREBY CERTIFY. uo That I attended the deceased from that truction (Day) (Year) that I last saw how alive on 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: rms or DCCUPATION te (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 00 NO NAME OF (Signed) FATHER > O 11 BIRTHPLACE (Address OF FATHER SO the Disease Causing Death, or, in deaths from CAU Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME D. OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) Stote 13 BIRTHPLACE At place OF MOTHER of death (State or Country) ŏ T Where was disesse contracted, oui of 14 THE ABOVE IS TRUE TO THE BEST if not at place of dea h?... Former or etatement usual residence CIA 402 E. Chure If more banks are needed, address tate Negistrary 16 W. Saratoga St., Balto., Requesting V. S. No. 1..

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

S. No. 1

STATE OF MARTEAND	09860
1. PLACE OF DEATH	(22)
County Wicomico	Registration Dist. No.
Village or City allen Route # 2	
	If death occurred in a hospital or institution, give its NAME instead of street and number) s. 28 ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Raymond	
(a) Residence: No. Ollew, Mel. O Route to	Z St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male a. a. or DIVORCED (write the word)	My Ly 193/
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
B	Muy 1 19 2 to ley 27 , 1971
6. DATE OF BIRTH (month, day, and year) June 1,192	3 Tlast saw h alive on 192/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm
6 2 28 or nin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	1 Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Mances resulting from
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	on small princtived wound of the
SAW MILL, BANK, etc	foot. Duration: unknown Couton.
this occupation (month and port spent in this occupation	
76:40	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Trucker	
	- JA W
13. NAME George G. White	
14. BIRTHPLACE (city or town) Scoton,	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME I du Frost 16. BIRTHPLACE (city er town) Cole Pt., Calvert Co	23. If death was due to external causes (YLDL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Cole It. Calvert Co	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT George G. Cohite	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) allen, md. Route #-2	el o .
18. BURIAL, CREMATION, OR REMOVAL Place Fruilland Coneterpate Ong. 30, 1931	Manner of injury of stude to the state of th
Place trulland Smeles pate Ung 30, 1931	Nature of injury
19 UNDERTAKER James F. Stewart	24. Was disease or injury in any way related to occupation of deceased?
(Address) 0402 E. Church St., Salebra	If so, specify
20, FILED ling 29, 1931. Jo May Jurner	(Signed) M.D
Registrar.	(Address)
If more blanks are rededed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. Mo. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Williams	CERTIFICATE OF DEATH
	Jalishung (1 to 0 Projection Dies No. (3.3.3
		Registration Dist. No.
1	Village or City VIII (No.	Ward) (If death occurred in a hospital or institu-
	2 FULL NAME many 2lla wk	tion, give its NAME is - stend of street and
	PERSONAL AND STATISTICAL PARTICULARS	1
	3 SEX 4 COLOR OR RACE 5 SINGLE. SIMPLE	MEDICAL CERTIFICATE OF DEATH
	MARRIED.	16 DATE OF DEATH
	Final Black (Right word)	(Manch) (Davi) (Van)
	6 DATE OF BIRTH	(Month) (Day) (Year)
	7-6 23 1622	aug 31 1981. to aug 31, 1931
	(Month) (Day) (Year)	that I last saw he alive on County of
	7 AGE [If LESS than	and that death occurred on the date stated above, at 1/2 pm.
	/ / I dayhrs.	The CAUSE OF DEATH * was as follows:
	mos. ds. or min.	Conversen duy
1	(a) Trade, profession or	Justing Turfeiling
	particular kind of work (b) General nature of industry	
1	business, or establishment in	(Durstion) vrs. mos de
-	which employed or (employer)	Contributory Source
	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF	(Durstion)ds.
	FATHER GENERAL INChIE	(Signed) M. D.
	M 11 BIRTHPLACE	All 1981 (Address) Jacky long
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	DE 12 MAIDEN NAME	
	of MOTHER Lillie Julls	is LINGTH OF RESIDENCE (For Hospitals, Institutions, Trinsients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place when In the auth
	(State or Country) mercet co, Mg.	of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, of the back of dea h?
1	(Informant) Per year, Hospital	Former or usual res.dence
		19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
	(Address) & auswuy, Mg.	Dames Luarter Sept 1,131
	15 Filed Sept / 1923/. V- May Junes	20 UNDERTAKER ADDRESS
	Registra	Fred J. Hebster Deals, Island
	If more b.anks are needed, addre.s Ltate Negistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census end American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all " Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature of the " "Weakness," etc., when a definite disease cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles;

'If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

back

instructions

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis &	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED AGE should be

V. S. No. 1

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINEY

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09863
1. PLACE OF DEATH	23)
County Micronico	Registration Dist. No.
Village or City Salesbury Md.	No. St., St., Ward
Length of residence in city or town where death occurred 20 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
so 1. m	Two of .
2. FULL NAME PALL Tauline Mac.	Millians
(a) Residence: No. 306 //www.place of abode)	St., Ward. If nonrestdent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	ay 193/
5a. If married, widowed, or divorced	(Monthy (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
Vames D. 1. Welams	Mu 20,1931, 10 ly 19, 1931
6. DATE OF BIRTH (month, day, and year) May 20, 1900	I lost saw h _ alive on ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at 7. Fig. m.
3/ 3 9 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER; etc.	(1 1 7/)
	Wents 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1020
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this	Virling ., V 1/2.
o this occupation (month and spant in this occupation year)	
41.0 + D.D	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Wellmung Con, 12. (State or country)	O) days
	C planty
13. NAME Jeorge Backey	4
13. NAME Stary Backey 14. BIRTHPLACE (city or town) Theorem Co	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Toula Hocks 16. BIRTHPLACE (city or town) Micronico Co.	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of contint)	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT James D. Williams	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jalesburg, Md. 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Larsons Cent Date ling 3/ 193/	Nature of injury
91 11:00 DOL . A.	2 1
19 UNDERTAKER ME HULL & Johnson, Co.	24. Was disease or injury in day way telated to occupation of deceased?
(Address) Salishing, Ind.	If so, specify (Signed) M. D.
20. FILED My 31, 1931. D. May mill.	(Signed) M. D.
// 168138747.	" (noutvos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	ED	Example II		
The principal cause of death and related caus of importance were as follows: Arterioselerosis	ses Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronie interstitial nephritis	T 3 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of MARGIN RESERVED FOR BINDING

STATE C	F MARYLAND—	CERTIFICATE OF DEATH 09854
1. PLACE OF DEATH		(31)
County Muconil		Registration Dist. No. 33/.
Village or City festerne	lle	NoSt., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where of		s ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Carry	Seen - Ca.	
(a) Residence: No.	and gue	St., Ward.
(4) 11001401100. 1101	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
An. If married, widowed, or divorced	Monda	(Month) \ (Oay) \ (G3) \ (Year)
HUSBANO of (or) WIFE of	ilenoun.	22. HEREBY CERTIFY, That I attended deceased fr
, we	COOP COUNTY.	Ine 15.193 (to ang 16 198
6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months	Oays If LESS than	I last saw ha alive on the date stated above, at 1 1 2 m.
7. AGE clears Months	1 day,hrs.	
8 Trade profession or particular	ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	frusewela	The thirty
9 Industry or business in which		
work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	
this occupation (month and	spent in this	
		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	lon of	L Hechilosoph to
W 13. NAME () - alal (maria	The state of the s
14. BIRTHPLACE (city or town)	0	Name of operation Date of
(State or country)	de 10 · p ·	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME LANGE (City or town)	Allstolefol	23. If death was due to external causes (VIOLENCE) fill in also the following:
		Accident, suicide, or homicide? Data of injury, 19
E (Stata or country)	00 00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JOHN OF	Uneglil and	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL	2 O	Manner of injury
Place allevella Deme	Papate Cug 31., 1931	Natura of injury
19. UNDERTAKED A Selector		24. Was diseaso or injury in any way related to occupation of deceased?
(Address) / Salesle	18/1/ 1/1/1/	If so, specify (Signed)
20. FILED (184 4: 11, 1931 OF V	Solford Valle Registrar.	(Address)
A 76 may	//	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	230148774	3 1		
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis ,	1 year